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LEADING ARTICLES

WASHINGTON'S LEPER AND AMERICA'S LEPER COLONY.

FELIX J. KOCH, A. B.

CINCINNATI, O.

The recent case of detention of a supposed leper, in a government camp near Washington, is interesting the medical fraternity the country over, and in that connection some interesting comments are being made.

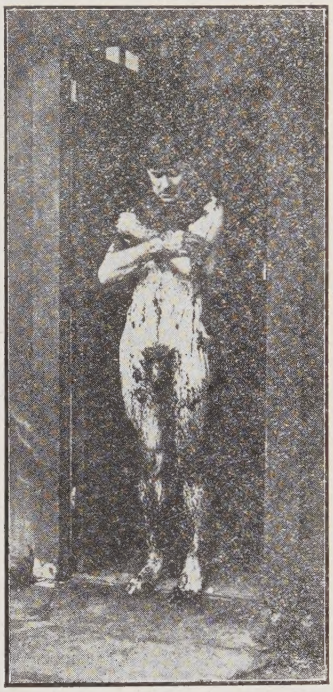
John R. Early, a Salvation Army captain and veteran of the Spanish-American War, it is reported, has been under guard since August, 23, 1908. He denies, however, that he is a leper, and prays for liberty, so that he can join his wife and children.

"They say lepers lose their hair—I have much more hair now than I ever had," he argues.

In that connection it is interesting to note that Uncle Sam maintains a formidable leper colony at Molokai, one of the islands of the Hawaiian group. Few visitors are allowed within the American leper settlement at Hawaii, none out of motives of curiosity: what is more, the place is inaccessible, communication, at times, difficult or impossible; steamer stay short, and accommodations limited.

Leprosy, they tell you there, is in itself a tragic disease, more notably from the awful social ostracism and shunning exercised against the leper, elsewhere than in Hawaii, where the diseases is treated more rationally, and public protection is secured in most humane manner.

The separation, which the disease causes, as between families and among friends is the most distressing feature. That, though,



One of the patients.

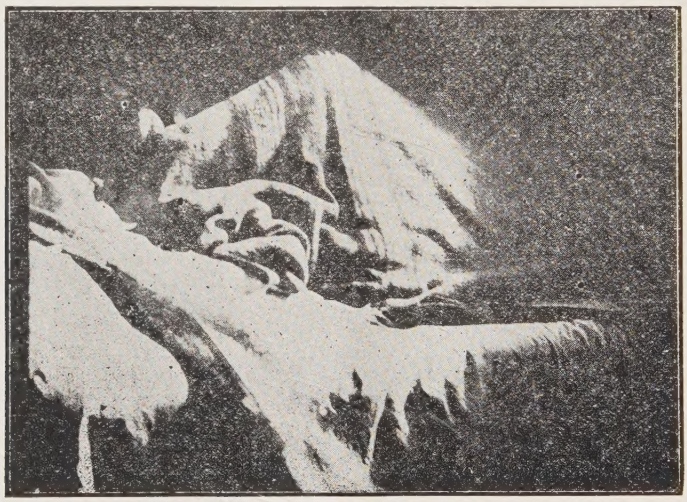
soon wears itself away. The lepers enjoy many of the courtesies and attention common among friends. There is ever the friendship of the devoted Mother Superior and the Sisters of the Order of St. Francis, as well as that of the clergy and brothers, all whom serve the inmates of the settlement. The superintendent is supposed not only to perform his duties as administrator, but it was the intention that he should take an interest in the personal affairs of his wards as well.

A variety of entertainments, of luaus or feasts, are believed to be held from time to time. Reports would have it that races are run, field sports enjoyed, shooting club test the skill at the butts, and chess tournaments are held, in one case a blind

lawyer proving one of the most remarkable chess players of record. Time was when twenty-four girls here would gather in the assembly hall and present a flag-drill, with accompanying figure-marching and singing. The pianist was a leper girl. The girls were all dressed in white, each carried an American flag, and executed all figures with precision and without mistake, while the singing was most creditable. Some faces were pretty, some already showed their affliction.

on a great number of cases, but early in 1906 he was obliged to admit failure. Dr. Wilkinson, of Manila, thought a six-month longer treatment with X-rays would have cured certain lepers. Uncle Sam, however, prefers to "await further developments in the experiment," giving as an excuse that he "fears damage from X-rays." He has, however, "under consideration" another treatment by rays less severe in their effect.

The chaul-moogra-oil treatment practised



The last stages.

The settlement is universally represented as a place of confinement, of abandoned hope.

What correspondence with the outside world is carried on, is through letters, which are first disinfected.

Persons, not diseased, may from time to time, take short leaves of absence from the settlement.

This settlement contains but ten square miles or about that of a single city.

The president of the Board of Health has had erected a certain class and style of buildings, that in the end economy might result.

We often see in the public press notices of cures of leprosy. Reputable scientific men are eager to announce a cure, when only an improvement or temporary arrest of the diseas has taken place. Were the Board of Health to pursue such a course cures would be announced rather frequently, incorrectly, however, for the disease often lies quiescent and unprogressive for quite a time and then renews its progress. Dr. Rost of Rangoon, Burmah, was, in 1903, quite sure he had discovered a cure, which attracted wide attention and was tried by Dr. Dyer in Louisiana, has long been used and is being employed continuously. Specifics from Dr. Britton of Paris are also used.

Eucalyptus solutions are also being tried, and these experiments have been quite favorable.

Other efforts are being quietly made by competent scientific practitioners to solve the problem.

There is a class of fakirs who are trying to make money by claiming they have secret remedies for the disease. Patent-blood remedies and secret concoctions are continually urged on the board by persons who never saw and would not know a leper.

The custom is to ask for references and inform them that if they will name the ingredients of their remedies, they will submit them to competent authorities and consider their use.

Of the lepers, in January, 11 persons are brought to the Kalihih receiving station, at Honolulu, for re-examination, by the Board of Medical Examiners, as their cases are in doubt. Each has been examined, however, physically, and been conversed with. If

any are found free from the disease, it is doubtful if they will accept liberty, but will request being returned to the settlement, where their interests and affections now lie. As their services are needed on Molokai, their wishes will be respected.

Operating-rooms and laboratories are to be furnished in a new dispensary, with latest equipment. Minor surgical operations are reported as being constantly performed, obviously affording great relief. Where a few years ago, patients would not submit, now they request such treatment.

The cry of "unclean," they would lead you to believe is passing. Still they are careful to keep out the stranger. What one knows of Molokai comes very, very largely from official reports; and official reports are probably much the same the world over.

THE RELATION OF THE PHYSICIAN AND SURGEON.

H. C. CROWELL, M. D.

KANSAS CITY, MO.

In undertaking the consideration of this subject, at this time, we are impressed with what seem to us, to be vast changes, in the relation of physician and surgeon when we look back twenty-five or thirty years. In some respects, we may assume that improvement has been made, while from other view-points, we are in doubt. That the knowledge and science of medicine and surgery have been greatly added to, in the past quarter of a century, offers no doubt. In perfect accord with advanced knowledge has come increased facilities for acquiring of these advanced ideas, principles or methods, by those possessed of the desire to do so and the necessary means. So easy has the acquisition of special knowledge become through our post-graduate schools and metropolitan hospitals, that large numbers of physicians have availed themselves of the opportunity. In this very condition of facility lies a danger often remarked. The term of service or study and observation being potional, the result has been, too quickly made specialists, so-called—this result being, obviously, to cast reflection and discredit, many times, upon those who have, really given the time and effort to fit themselves to render efficient service. The result of such widespread knowledge has been demoralizing, and has brought about a chaotic state, now, being openly and seriously, lamented. If as we have admitted these schools are promulgating advanced ideas why are we in the same breath censuring the results? Our answer must be that they encourage men to essay to do work for which they are but imperfectly equipped, which results in a reflection upon those who are thoroughly efficient. The general result is that there is an obliteration of the lines of distinction most notable as between the general practitioner and the surgeon and those who would specialize. Today surgery is undertaken by the general practitioner as freely as by the surgeon. This condition we have charged largely to liberal education but we are disposed to ascribe another reason, which perhaps may even be more potential as a factor influencing some general practitioners to engage in surgery. Such reason has by some been offered that the surgeon was not restricting his work strictly to the domain of surgery, but was willing, and actually did, invade the field of general medicine, as well, and therefore, he felt justified in retaliating, or, as is more often stated, in protecting himself. Whatever may be the position of either, the result is not conducive to the highest degree of attainment on the part of one or the other, espceially from a business standpoint. We must assume, viewing the matter from the highest point of efficiency, that each is essential to the other; that the utmost frankness and universal co-operation upon the broadest terms possible are essential to the greatest success of each, affording to the patient more nearly than now, is often the case, that for which they are paying and results which should obtain thereby in the most effectual manner defeat the numerous sects in medicine.

After a careful analysis of the situation, we are able to reach but one conclusion in regard to the harmonious and successful co-operation of the profession and that is, greater confidence in each other; which will surely come from more intimate association of honest men. If men are honest and possessed of the high principle, which we believe most professional men are, the more frequently they consider cases together, the greater will become the appreciation of united action. Such a condition of frequent co-operation would serve to try out and establish the really meritorious men upon a sure footing, while it would relegate those less worthy to the rear.

Our worst trouble today arises from a tenet of our cherished code of ethics, namely, that we are expected to, and, tacitly, if not openly, do, endorse, men in the profession whom we know to be either

immoral or incompetent, or both. In so doing, is it any wonder that the people flock to empirics and the various isms?

It is irrational and useless to attempt a reform of other sects by impeachment or inveighing against them. On the contrary, if we would sustain the good name of an honorable profession, if we would retain the confidence to which we believe we are justly entitled, we must insist upon the highest attainments necessary to the successful practice of our profession irrespective of license or degree authorizing the legal right to practice. This prerogative is not easily invoked by litigation or legislation, but it can and should be effected by a better and more intimate association of physician and surgeon, and by this class we mean to include all classes practicing medicine, whether specialists or otherwise. Thus we believe it must be apparent to all, without going into every little difference or cause for complaint, that the essential requirement for a betterment of the situation is a higher degree of proficiency in general and more liberal terms of associations professional.

It is charged, by physicians in general, that many of those who state that they are limiting their work to special practice, are not doing so. Such charges we believe can be sustained. Our only effort, then, must lie along lines that may serve to justify such practice, our endeavor being, at all times, to condone, rather than criticize when possible. Granted, then, that the charge is just, that some would-be specialists are not restricting their work to special diseases, but are still accepting any, if not all cases that present, may we not ask ourselves the question, How much have we tried to make it possible that a given surgeon or specialist, might succeed as such? Of course, we are referring now to those who give reason for essaying to be specialists or surgeons, and not to that large class of would-be's, simply by their own election.

We believe we are within the bounds of reason when we say that there is business enough for every competent and worthy surgeon, specialist, or general practitioner, if such business was properly, and intelligently segregated, and, moreover, we are firmly convinced that such segregation, together with united, earnest effort on the part of all would result in the greatest possible good to the profession as a whole and individuals in particular, while it would, at the same time, deal the most effectual blow possible to empiricism and derision.

With this passing glimpse of what we might possibly term an ideal condition of professional conduct, incomplete and imperfect as it may be, we should deem a paper of this character utterly lacking should we fail to advert to what we must admit to be perhaps the most considered aspect and known as the commercial aspect.

Not in frequently a man's ability, especially by the laity, is estimated by the volume of business which he does, and, incidentally, his income. Within the profession such estimates are often discounted, and a man is held for his professional worth. While we like to feel that as a profession we look beyond and above the monetary consideration, we are forced by conditions to recognize a growing spirit of commercialism, most prominent of which, perhaps, is the matter of fee division.

In essaying to deal with this phase of our subject, I am well aware of the delicacy of such an undertaking. I am prompted to do so because of the many applications I have for declaring myself on the subject, and the many discussions I hear in regard to it and the evasions and practices which are known to exist. Perhaps no subject, either scientific or professional, has so engaged the profession as this matter of the division of fees, particularly, I am led to believe between the general practitioner and the surgeon. Indeed, I think we must admit it to be now a "condition and not a theory." So general has the practice become, that it seems almost necessary for one to declare himself upon the subject. Although the American Medical Association and State associations have declared against any semblance of such practice, it seems to in no way act as a barrier, it being easy to get around any direct charge of openly offering or accepting as specified in the by-laws of such bodies.

In considering this condition, then, we might as well look it fairly in the face, and try to justify or condemn it. No one will attempt to gainsay that there should be any difference in individual rights, so that any discussion of the subject must be along lines which aim to be fair and equable, with an effort, at the same time, to be ethical. We realize full well the prejudice held by many, to the point even of being unwilling to tolerate any discussion, which shall endeavor to seek justification for those who are just as firmly impressed, that they possess a degree of ownership in cases they may be able to induct into the hands of the operator. That

the general practitioner has the ability to say to whom a patient shall go for operation admits of no doubt. Now while all alike both the surgeon and general practitioner, irrespective of their practice, dislike and often resent the term of fee splitting, they at the same time expect and exact substantial recognition.

Now we come to the consideration of that delicate phase of the situation. Is he entitled to any part of the fee which the surgeon is to get? Is the surgeon justified in charging more than he otherwise would for a given operation in order to satisfy the physician who brings him the case? To what, if anything, is the physician who brings the case entitled? Should the amount received by the physician through the surgeon be made known to the patient or payee? Is it fair to the patient that such extra charge should be made for the benefit of his family physician, or should the charge so made come out of the surgeon's fee? These, with many other question, might be asked and are asked daily. To place ourselves on the high pedestal of professional dignity, which once existed, they might be speedily answered; but, in this age of commercialism, in which we now live, it causes a hesitation and reflection. Dignity and professional ethics are so often winked at, that sordid consideration seems to have gained the ascendancy. Ethical equality has ever been a cherished pride of the profession, and we would that it might so continue, but, alas, how empty is the realization of our desire! Not alone in the matter of fees, but in numerous other ways do we observe the employment of utilitarian methods exercised to the advantage of some and disadvantage of others.

Let us consider these various questions separately. Is a physician bringing a case to a surgeon entitled to a consideration? Our answer would be yes, in all fairness. He has conferred a favor upon the surgeon, and in most cases at some cost, direct or indirect, to himself, and should be recognized. If it is simply a recommendation to the one of his choice, with no loss of time or cost of transportation, he is entitled to at least some consideration, for he has conferred a favor on such surgeon and added to his earning capacity which is usually greater than that of the general practitioner, as his fees are larger and more easily obtained. That there should be a division of fees upon a set ratio does not seem expedient and partakes too much of the irregular, but that a just and fair appreciation should be indulged is, in our opinion, eminently fair and just. View the matters as we will, he who refers a case to another in some degree must assume a responsibility which even when referred to the best possible agency, may prove unsatisfactory from many standpoints. Even though he turns the case over absolutely, he is held accountable for the outcome and justly feels that he should be recognized substantially for such responsibility.

Should the surgeon charge more than he otherwise would to satisfy the physician bringing the case? To this proposition we should say the instances where more is charged than such work is worth are few, and any part given up by the operator is well worth it, if such choice of the surgeon has been wise and in the interest of the patient. If a case is taken to a certain surgeon, because of the larger division, irrespective of ability, it is an infraction of honest dealing with the patient. If well chosen, because of real ability and special skill, a fee charged such as should satisfy both physician and surgeon, taking into consideration the financial ability of the patient, is both justifiable and fair.

That the physician bringing a case is entitled to consideration, then, we are agreed. Then should that amount be made known to the patient? Why should it be? What good can come of informing him? It would often not be understood, and might lead to much misunderstanding between patient and physician. So long as they get value received, we see no violence worked upon their credulity.

In these matters it would be desirable if all were agreed upon some basis, either to give or not to give up some part of our fees. Such an agreement, however, may never be universal, but that it will continue to be an exaction, and giving up some part of fees is certain, as the feeling out among the general practitioners is becoming more and more settled on this matter. Even though it may hurt their conscience to demand it, fellow practitioners are demanding, getting and giving till it is catching, and why not they, as well as someone else?

Finally, we reiterate, "It is a condition and not a theory." Decide for yourself what you deem right. In presenting this matter the writer has no apology to offer, as the conclusions are the result of careful consideration endeavoring to appreciate a fair and just result, submitting that our reputation has been that we have at all times, and on all occasions, stood for what was the best and highest in the profession.

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THE PROBLEM OF LIVING.*

CURRAN POPE, M. D.

LOUISVILLE, KY.

I esteem it an honor to be called upon a second time to confront an audience in your beautiful city, and I would indeed be inappreciative or lacking in courtesy, did I not again express my profound gratification at the reception that has been accorded me tonight. As president of the Ohio Valley Medical Association, it becomes my very pleasant duty to deliver the "annual address," and I have selected this year for my title "The Problem of Living." This, I will not consider in its narrowed or economic aspect, but in the broader sense of how to prolong one's life, as well as make better its living. It has been truly said that "Die we may, and die we must, but we don't want to die until we must," and to those of us who have studied the problem of "not wanting to die until we must," realize that there is at present the opening of vast possibilities for the prolongation of life, and the improvement of its living, both as regards comfort and effectiveness.

Wherever we turn, we are confronted with life in its infinite varieties, every animal, every bird, every insect, every leaf, every flower vibrates with that peculiar and unknowable thing that we call life, it is sensient, that is living. Everything that lives must die, that is the inexorable law, its fate, it is the unavoidable, it is the vale from which no one has wrested the secret and the knowledge of which, in all likelihood will remain forever hidden from the ken of man.

With the cycle of the seasons, the rays of the spring sun gradually warms the breast of winter's snow, it melts; the gentle patter of the showers and rains freshen the soil; the balmy zephyrs sweep the surface of the earth, opening bud and leaf until all nature awakens, puts on her glorious dress of perennial green, announcing the return of life. The leafing tree, and flowering plant, the insect's hum, the bird's whistle and call to his mate from air and tree give promise of that life yet to come, of a fruition of crops, of that wonderful reproduction, the basis of all existence. It is the season of awakening; the season of promise; it is youth. Gradually the heat increases and nature taking on the natural golden tints of summer, matures all life that has sprung into activity in the spring, life reaching its maximum of growth and development. It is the turning point of life, for as it was sown and grown, so will it be harvested. The waving golden grain, the rosy speckled fruit nestling in its bower of green, flowers of every color and shade, the cluck of the mother bird, the proud call of the male, the faint chirp of the young brood are but Nature's response to that everlasting endeavor to produce, preserve and prolong life—a problem of living to field and heather, and feathered tribe as well as the higher orders.

Slowly, but surely the days pass by, until the shimmering landscape gives place to the crisp days of autumn, to the melodious whistle of Bob White, when Nature taking up her palette of colors, paints hill and dale with those variegated colors, so beautiful, so harmonious that we feel we cannot but liken them to a well lived life, one that has reached full and matured development.

The cycle moves on. The chilling blast grows colder and colder. Leaves fall, the plant life dies and dries up, all Nature retracts within her shell, the snow falls and mantles the earth, covering up the earth's restricted life, enveloping it in a vestment of angelic purity. This is the analogue of death. Mamalalia, however, survived the winter, doing so by various special gifts and by certain paraphenalia that they possess, by which they can prevent, in many ways, winter's grave effects.

Every where, in every place, in every sphere, where there is life, there is the vibrant active problem of maintaining and prolonging it, and thus the problem of living is to be considered wherever there is life.

Man is the most wonderful of all the animals. No one can study the wonderfnl mechanism of his anatomy and learn the remarkable results of the physiological action of the various organs of his body, without realizing that he indeed is the master animal of them all. I venture to say that there is probably no structure more beautiful, to my mind at least, than the human frame in its perfection; its lines and curves, its undulations and rotundities presenting some of the most beautiful pictures. For ages upon ages, these beauties have engaged the attention of the hand of the artist, who has reproduced them in masterpieces of art and painting. The human body viewed as a beautiful piece of machinery, and not with the gross eye of sensuality, becomes a temple, that should be brought to its utmost perfection and development, in order that within its portals may reside all those nobler thoughts that are really of the highest ideals of the soul.

It is man's bounden duty to keep this

*An address delivered before a mixed audience at Evansville, Ind., November 10, 1909.

marvelous machine alive, to maintain it at its maximum of usefulness and activity, for, speaking from a biological standpoint, nature literally abhors uselessness. There are many reasons why life should be prolonged, but probably the best reason that can be advanced for its prolongation, aside from biblical injunction, is that the garnered thoughts of the human brain may be obtained for the benefit of humanity and those of the younger generation. No one will again say that a decrepid, sickly and inactive old age is much desired, but where life is prolonged in useful activity, it cannot be questioned that there is intrinsically great value in active and mature thought, the result of years of constant mental activity.

The real man is the physical man; one who possesses strength, endurance, aggression and good mental power, it was these qualities that carried him out of savagery, that enabled him to slay the beasts that were larger, stronger and more vicious than he; that protected his family; that made a home; that took and held land and cultivated it; that made civilization possible, who, strong of limb, deep of chest, of long power of endurance, knew not failure, nor forfeiture of fight.

This may seem to many a strictly materialistic view to hold, but without the maintenance of the fully developed materialistic side, we cannot hope that even the mind will give its fullest return, for after all the mind is but the product of the brain, and is in reality but another expression of the psycho-physical state, as we understand it today. An organ or structure is only at its best when in full functional activity. By that we mean that it is performing the greatest amount of labor, consistent with the least amount of breaking down of tissue.

All our admiration is for the active, full, functionating, well trained body, in which dwells an active and alert mind, and we everyone avoid the laggard and the dullard. Let us take as an illustration, the King of the Turf. In his racing season, he is lean and sinous; beneath his glossy shining coat are the rolling knots of firm resillient muscle. In step and movement he is strong, agile, direct, active; nimble on his feet, with eyes full of light, aye, often viciousness, with his velvet ears thrown forward in an expectant, tentative way. No one gazing upon this perfect, well trained, active body, but what would realize that herein lay life, fully developed and fully trained to meet all requirements.

Every discovery made concerning disease, every investigation that increases our knowledge, every discovery of a cause, aids in the prevention of disease, furnishes the possibility of its cure and increases the period of living; that is to say, it "lightens the problem." There is probably no nation that is less alive to the need of the prolongation of life than this glorious one of our. Perhaps that is partially due to the fact that we are too busily engaged in money making to pay attention to the loss of human life that is taking place around us. This matter is brought more nearly to home to the business man in the community, when it is reduced to the mathematical problem of dollars and cents and, when we think that the diseases that are shortening the lives of every human being of this country actually cost (and the estimate is really low), $51,00,000,000 per annum, or the income on $30,000,000,000 invested at 5 per cent, you cannot help but realize that we are here confronted with such a stupendous financial problem that you may possibly be inclined to ask this question, "Do dollars amount to more than deaths," and if they do the expenditure or the investment is indeed enormous. It is from the business standpoint then, that the business man, must realize the great value of the discoveries of science, among which, I may mention three notable examples, malaria, with its three or four million people ill annually; yellow fever, with its death dealing power. Both of these have been proven to be due to a germ that is conveyed to the sufferer by means of the mosquito, the simple solution of the problem is to be found in shutting out the mosquito by screens and destroying by drainage, the place of his habit at and breeding. Again, I mention the "hook worm," the "lazy bug" of the South, a worm that is found as long filaments in the blood, and which Stiles has shown, gains entrance to the body through treading with bare feet on polluted soil. The simple solution of the problem embraces the destruction of the worm and disease by approximately 75 cents worth of medicine per person and the prevention of the infection by wearing shoes. These are some of the problems that have been confronted and overcome and which today may be utilized in prolonging life as a part of the problem of living.

There are four principal ways by means of which life may be shortened: impure food, impure water, impure air and accidents. These cover the majority of those influences that tend to reduce the normal life tenure of the average human being.

Pure water should be denominated an absolute necessity and no city and no in-

dividual should count the expense that secures to the community a pure supply for this means safety from many diseases that are water borne. Many of our streams are unfit for water drinking, but the time must come when the people will arise in their might, against the unscrupulous manufacturer corporation and city, and demand that modern methods of disposal of wastes shall be adopted and pollution of streams prevented. No city or town can be too careful in the selection of its water source, its proper collection, its storage, distribution, filtration and proper handling in the home. I know of nothing that has given me more pleasure along that line than the contemplation of the vast project by means of which New York City will obtain a supply of pure water from the "home of Rip Van Winkle" in the Catskill Mountains. To those of you who do not realize what this means, it should bear in mind that at one fell swoop, 85 per cent at least of the cases of typhcid fever will be prevented, for certainly eight to nine cases out of every ten could be prevented if such care were taken.

Pure air is even more of a necessity than pure water. Shut out the air from the lungs and death results in a brief space measured by minutes. Vitiate the air and at once the entire human system suffers. It therefore becomes a paramount necessity that each human being should have sufficient air and with it light, to secure all those gases that are necessary in the maintenance of life. The intelligent layman today, I am sure realizes fully,not only the need of,but an abundant ventilation, and this further should be borne in mind, that the ventilation should not be limited to the day alone, but should take equal rank at night. There is a popular superstition that the night air is dangerous. This is not at all borne out by the facts; in truth, in many districts, the night air is much better than that of the day. In cities, as well as in the country, the dust and other impurities settle at night and thus leave the air above free from many contaminations. What the human animal misses most at night is the stimulating influence of light, the sun's rays, and not a deteriorated or dangerous air. How can life be prolonged through pure air? By sanitary houses, sanitary tenements; the proper ventilation of work shops; the prevention of disease and flying dirt, and the exercise of all those humane activities that would make employer and manufacturer secure the highest hygienic surroundings for those they employ. This often times redounds to the employer's benefit, as for example, it was found in a certain telephone exchange, that keeping the electric fixtures of the exchange cool in the summer time lessened the expense. The room being better ventilated, the girls suffered less from the debilitating influences that formerly surrounded them and the patrons received better and more prompt service; thus cupidity produced humane results. In certain occupations, the law should step in and control the manufacturer, notably those in which a large amount of dust and dirt occurs and which results in what is known as "grinder's disease," a form of tuberculosis.

It has been said that pure food is a necessity and I do not doubt but what that champion of the people's rights, Dr. Wiley, would agree with this statement, but if we will look over the list of those foods that have been adulterated and into the extent of this adulteration that has been revealed by the investigations of food experts and by the demands of the pure food law, we are apt to come to the conclusion that while pure food is desirable, it certainly has not seemingly been a necessity in the past. I am constrained to believe that in many of the well-known diseases, the presence of unusal symptoms, as well as the origin of small causeless troubles, could in all probability be traced to impurities in the food, if a proper investigation were made.

A steam engine requires coal and good coal to run it properly. The human engine requires food and good food to run it properly, and it is my firm belief that no such humanitarian advance has been made in recent years of half as much importance as the enactment of the pure food law, "your Uncle Joseph Cannon" to the contrary, notwithstanding. The limitations of this address do not permit me to more than cursorily to dwell upon the dangers of impure food. They must be apparent to every intelligent man and woman. We hear a great deal about preservatives in food, and of the "poison squad," but to my mind it is not alone the question of preservatives in large or small amounts, simple or compound, but the question really is, do they, or do they not cover up diseased or unhealthy food; do they literally "embalm" the food? I am inclined to believe that this is essentially true in many instances, especially in meats. As Mr. Dooley would say, "This is a grate country, Hennessy, when we find that mate is inspected solely for the furriner." Under this head, we might in passing, consider the damage that is done by alcohol,

although I would not in any sense be understood as considering alcohol as a food, when it is in reality a dangerous drug. When the American nation awakes to the dangers of impure food, when public sentiment arouses itself to demand its rights, then, the manufacturer will, as a matter of good conservative business sense, use no preservatives or adulterants whatsoever, and it lies in your hands largely, if not altogether to create this spirit that will lead to the control of food manufacture. Credit must be given where credit is due and it is pleasant to acknowledge that some few high minded manufacturers are already working along these lines, in an endeavor to give the public what it deserves.

I cannot leave this subject without a few words directly upon the question of pure milk and the need of its perfection. Milk is used by us all from birth to death, but it is essentially the standard food of the helpless babe and child, the food of the invalid and it must be a deaf ear that will not hear the wail of the weak and cry of the sick and infirm. No community should tolerate tubercular and diseased cattle. Cleanliness in a dairy barn, care in milk distribution and its proper preparation within the household form three links in the prevention of many diseases. It has been claimed and with truth, that this makes milk more expensive, but this added expense of milk cannot be compared to the expense of sickness, disease, permanent injury, and the funeral director's bills to say nothing of the wrenches that hearts endure to see the suffering or to part with those they love.

Violence, trauma, injury, and death by accidents will in a certain small proportion always occur, as the unavoidable result of human frailty. No excuse can be offered for the present frightful industrial, traction and railroad accidents that are constantly occurring. Not even the damage suit with its trials, tribulations and verdicts has awakened many roads to the necessity of prevention of accidents. Commercial establishments are beginning to be willing to preserve the vital, as well as the inanimate machinery entrusted to their care. The railroad and traction companies are possibly striving feebly along a few lines, largely with a view to lessening the number of damage suits. Nothing is more fatal to the proper running of a railroad and nothing more risky to you and me, than the overworking of railroad employees, beyond the fatigue point; such a railroad reaps its rewards in accidents, deaths and the destruction of property, but as hard as such a remark may seem, it appears that only monetary loss seeems to be the incentive to demand a correction of such abuses. Are the railroads putting on all the safety devices that human ingenuity has devised? Is the manufacturer using every means to prevent industrial accidents? By a little observation and looking around, you will be able to answer these questions for yourself. The public lose health, limb and life; is upbraided and maligned for bringing damage suits; when in reality, in a vast majority of the cases, the fault lies at the door of the public service corporation in its failure to provide proper devices for the prevention of accidents and in its overworking of employees.

How then may life be prolonged, how may the "problem of living" be solved? It may be roughly considered under two headings: public and personal.

Today, every man is his brother's keeper, and public health and public protection is something that should be demanded of every government, state, county and city. To be amply protected by the public health bureau with proper sanitary inspection, backed up by police authority is in its terminal analysis and applicability, of more importance to you and me than an army and navy. It comes nearest to home. When you think that we could have widespread national medical protection for what its costs to build one Dreadnought of the Delaware class, you can realize that this rich country of ours should give to its people a medical officer in the Cabinet and National Bureau of Health that would be second to none in the world. My friend, Dr. McCormack, of my state, has tersely put it that "the health department of city is really of more importance than police or fire department." Business men, professional men, mothers, wives, sons and daughters are delighted when no war cloud hovers over this nation to mar its peace, but disease and pestilence is a menace, an ever present enemy and destroyer of usefulness, so treacherous an enemy that it may cost even life itself.

But public protection and public inspection from disease is not alone sufficient; the personal element is perhaps the most important. It is a purely reconstructive subject, and has to deal with the individual. Man should keep himself in excellent muscular condition; he should exercise in some way, preferably in some game or exercise, for this really means play. Muscularity and body tone is the real bulwark on which we must build all true physical,

mental, moral and spiritual culture. Care must be exercised in many ways, the details of which in more or less manner, have already been furnished. Briefly speaking, we may sum up the personal needs as follows: The free drinking of pure water; frequent use of water upon the external surface of the body, baths, preferably warm, followed by cold water; pure food, well cooked, properly served, properly eaten clothing adapted to the time of the year and climate; proper ventilation of homes, offices and factories; the avoidance of the follies of fashion; total abstinence from liquor, tobacco and dissipation in general.

Where this is followed, we may certainly count that, everything being equal the "Problem of Living" a longer, better and purer life more nearly approaching our best ideals will be attained.

American Hospital in Paris Opened.—The American Hospital, which was built and equipped by the American colony in Paris, was formally opened on October 28th. The hospital is beautifully situated at Neuilly, a suburb of Paris, and is surrounded by spacious grounds. It contains twenty-five beds, many of which have already been endowed. Among those who have thus contributed to the permanency of the institution are Miss Helen Gould, Mr. J. Pierpont Morgan, and Mr. W. K. Vanderbilt.

Why We Are a Cosmopolitan Nation.—The immigration into the United States for the year ended June 30, 1909, was 751, 786, the lowest figure since 1902, when it was 648,743. In 1899 it was only 311,715. There was a gradual increase from that year to 1907, when it reached the enormous total of 1,285,349. In 1908 it dropped 500,000. During the last ten years the greatest number of Irish immigrants was 54,266 in 1905; the lowest, 29,001, in 1902. In 1909 it was 39,021. English immigrants have increased remarkably. There were 10,702 in 1899; in 1904, 41,479, and in 1907, 51,126. There were 39,021 in 1909. The countries sending the largest numbers of immigrants during 1909 were South Italy, whence came 165,248; Poland, furnishing 77,565. Moreover there were 57,551 Hebrews. Japanese immigrants, 30,824 in 1907, dropped to 3,275 in 1909, and Chinese, nominal during the whole decade, were in 1909, only 1,841. During this year, 3,819 Japanese and 3,411 Chinese left the United States. The net increase of population due to immigration during the year was 543,843.

THE MEDICAL FORTNIGHTLY

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EDITORIAL

The Hospital Saturday-and-Sunday Collection.

There is no one body of men in this community which is more consistently and constantly contributing largely to medical charity than is the medical profession; of our time, our energy and our funds we are constantly doing. There is no form of real charity which can be accomplished except at the expenditure of one or another of these elements and with it a degree of sacrifice of other things which might be more profitable. So long as our efforts are appreciated the profession is content. Another element may, however, sap the pleasure from doing and that is to find the recipient expectant, anticipative of generosity to come, somewhat selective as to quantity and character; when this occurs it is time to divert the stream to another channel. The Hospital Saturday and-Sunday collection scheme was, we believe, imported from the east. It has accomplished and is accomplishing great good. We known of no more worthy charity than that of caring for the sick poor. But the better than $40,000 which is collected, I almost said "extracted," goes to private hospitals and the murmur which was audible last year became, this year, a voice. Organized labor definitely objected to what it in its resolutions determined the "hold up." And this is only a beginning of objections which are to come if the institution is to be continued and without variation in system. Granting that the division of the fund each year is governed by actual charitable work done the method of its collection is growing very annoying, not to say offensive; the time was when a man was approached, had contributed and had been tagged, that his tag secured for him relief from further solicitation, but the ladies in their zeal have ceased to recognize this as a rule, and even

though he may have given liberally a man has to run a gauntlet of solicitation and sometimes forcible detention throughout the trying day. Last year we heard a few good men say "never again," this year we heard many.

Another phase is talked among men of the profession. The institutions which receive benefit from this fund are private and each has its private staff of physicians, the charity work is in a large degree a matter of the patient being under the care of the staff.

We of the large majority who have no staff affiliation have yet to find the open sesame which will gain entertainment for our patients in these institutions while they remain our patients be they ever so poor and ever so worthy.

Again. Outside the city hospitals the largest charitable work done is done in those hospitals closely connected with and controlled by the medical schools; these schools have no great fund to draw on for the support of these hospitals, few patients paying large fees ever are found in them, they are the laboring man's hospitals and the real charity hospitals and, at the same time, they are tremendously valuable to the community in that they contribute so largely to the importance of our educational system. We have never been able to fathom the reason why these institutions had not greater claim on the charitably inclined than those owned by a church or a few individuals.

The complaint of the labor organization was answered, but it did not result in a withdrawal of the adopted resolution. We absolutely believe in the worth of this collection, but the distribution must be made to include the laboring man's hospital if the single protest of 1909 is not to be multiplied into organized antagonism later.

Treatment of Acute Anterior Poliomyelitis.

Within the past three years several limited epidemics of acute anterior poliomyelitis have made their appearance in widely separated sections of the country and have attracted not a little attention to that most trying and, in its sequelae, fateful disease. Numerous cases were reported from Minnesota, and while recovery was the rule there was left in its wake a number of children with muscular atrophy and a consequent crippling for which the profession has, as yet, found no way of certain remedy. Another epidemic appeared last year in Lewiston, Pa. Of this Barnett tells his personal experience,* he having had two cases in his own famly. In this epidemic there were thirty cases with three deaths. The more remote results of the disease cannot yet be fully recorded, but information as to the number of crippled as a sequelae would be scientifically interesting.

The disease is undoubtedly an infectious one, although the causative germ and its manner of invasion have not been discovered. It is feebly, if at all, contagious. In this epidemic, although the majority of cases occurred in families where other children were exposed, there was no known instance in which more than one child was attacked in a family, except in the author's own, and his children were practically simultaneously stricken. Little of value has been added to the treatment of this disease in recent years. In the case of the author's boy, Murphy's drop-by-drop proctoclysis was resorted to with apparent benefit. During the stormy hours of onset our efforts must be directed toward the relief of the patient, giving such treatment as may be necessary. Rarely can the disease be recognized at this stage. Later, when nature begins her work of reparation, strychnine and corrosive sublimate in small doses may aid materially. Every effort should be directed toward maintaining the nutrition of the muscles. Because the seat of the disease is in the spinal cord and not in the muscles, is no reason why we should not do our best to prevent their degeneration. The cells in the spinal cord may regain their functional activity, at least partially, months after their apparent extinction, and the paralysis continue because of the degeneration which has taken place in the muscle fibers. We must prevent as far as possible this degeneration by the use of electricity, by means of suitable gymnastic exercises, bypreventing the overstretching of the muscle fibers by the opposing muscles, and by massage intelligently given and persistently continued.

An Argument for Cesarean Section.

The causative character of birth injuries in epilepsy is attracting merited attention these days among obstetricians and surgeons. There seems to be a growing sentiment that surgery's promising field in epilepsy is really that of prophylaxis as applied to the prevention of birth injuries. In a recent

*Medical Gazette, September 15, 1909.

paper* Porter again urges the adoption of Cesarean section in difficult labor for this purpose. He quotes the statement of Frazier, that 30 per cent of the children who recover from cerebral hemorrhage due to birth injuries develop epilepsy later in life and says

"It will be noted that in this statement no account is taken of the children that die from hemorrhage, some of which could undoubtedly be saved by intelligent surgery. This point is not germane to the paper, but the importance of it is a sufficient excuse for the digression. To advocate the performance of Cesarean section for the simple purpose of preventing epilepsy in the child thus delivered would seem absurd, and it is quite certain that many will consider the statement that the prevention of epilepsy is a strong argument in favor of Cesarean section as against high forceps, version and other so-called obstetric operations in cases of fetal and maternal disproportion, as little short of this. However, I venture the statement and aver that it rests upon uncontroverted, and, I believe, incontrovertible, facts quite sufficient to warrant its being made. Time will not permit me to detail the reasons for the faith that is in me, so I will content myself with saying that they have been arrived at after a somewhat extensive and careful study of the subject, * * * which study leaves no doubt in my mind but that prolonged and difficult labor is a fruitful cause of epilepsy; and hence, the prevention of epilepsy is a strong argument in favor of Cesarean section in preference to high forceps and other obstetrical methods."

Dr. Achilles Rose has just returned from Greece, where he has been spending some months and has opened an office at 173 Lexington Avenue, New York.

The St. Louis Medical Society is again undergoing its annual ordeal—its election. The system is so ideal in that is absolutely democratic that only an indifference to affairs can excuse any member from making both of his ballots intelligently and to good purpose.

Dr. K. W. Millican has returned to St. Louis, and the profession is hoping that he may determine to remain with us permanently. We do not know that he would consider it, but our friends of the Medical Review could make no mistake in again placing its affairs under his control.

*International Journal of Surgery, September, 1909.

CORRESPONDENCE

CARBONIC ACID GAS AND BERIBERI.

Canadensis, Pa., Nov. 21st, 1909.

In Medical Miscellany of your issue for November 10th, 1909, appears a note on Beriberi in England, at Newcastle-on-Tyne, 25 cases having occurred on the Brazilian warship Barossa. The item states that the outbreak "bears out the rice hypothesis for the Brazilians are rice eaters." The Health officer at the port, you state, has expressed the view that the spread of the disease was due to the sailors converting the forecastle into an incubator by closing the ventilators and lighting stoves (kind of fire in those stoves, whether charcoal or coal, is not stated).

May I say that the contention of the item, that this outbreak "bears out the rice hypothesis" may be questioned. Why not claim just as plausibly that the outbreak was due to the eating meat or drinking wine?

Surely it is more sensible to believe, that the multiple neuritis of beriberi, was a toxemia produced, so suddenly by carbonic oxid gas, created, if not by a charcoal stove when the fresh air is excluded as occurs so frequently in Japan, then by those sailors themselves by their own breathing, in the closely shut forecastle There was no germ to be incubated, it was a poisonous chemical factory, they made of their sleeping-room. Carbonic acid gas is the cause of beriberi.

ALBERT S. ASHMEAD, M. D.

WASTE OF CHILDREN'S LIVES.

Washington, D.C., November 2, 1909.

American race waste—more serious than race suicide—is pointed out in Census Mortality Bulletin No. 104, in which it is estimated that annually in the United States from 100,000 to 200,000 babies under five years of age die from preventable causes. This great loss of life among the little ones at the period when they are most loving and most lovable could be prevented, is the opinion of Dr. Cressy L. Wilbur, Chief Statistician for Vital Statistics of the Census Bureau, who prepared the bulletin, on the basis of present-day knowledge of sanitary measures. For the accomplishment of effective preventive work in this direction, Dr. Wilbur holds that the prompt registration of all births and the more careful and precise statement of causes of death by physicians are essential.

In analyzing and comparing the totals obtained in the compilation of transcripts of death returns received for the year 1908 by the Census Bureau from the entire death registration area of the United States, as set forth in the bulletin, those for age periods show a somewhat increased per cent of deaths of infants under one year for 1908, although the ratios for each of their individual years from one to four are identical for 1907 and 1908. Of the total number of deaths, 691,574 returned for 1908 from the entire registration area, it is stated in the bulletin that nearly one-fifth were of infants under one year of age and over one-fourth of children less than five years of age. It is declared that the brute force of the figures representing the actual deaths is more impressive, however, than any ratios or than the rates of infant mortality, even if the latter could be computed in the absence of proper registration of births. Here are the figures:

More than one-eighth of a million babies, under one year of age and fully 200,000 children, under five years of age, died among about one-half of the total population of the United States in the year mentioned. It is considered probable that fully 200,000 more died in those cities and states not included in the Census Bureau death-registration area. In this connection Dr. Wilbur quotes Professor Irving Fisher's conclusion that of all the diseases of infancy, having the median age one year, 47 per cent many be prevented; and that of the diseases of childhood having median age two to eight years, 67 per cent may be prevented.

"It does not seem unreasonable," Dr. Wilbur states, "when we consider the fact that there is apparently no reason why infants, if properly born, and this means simply the prevention of ante-natal disease and the improvement of the health and conditions of life of their parents, should die at all in early infancy or childhood, except from the comparatively small proportion of accidents that are strictly unavoidable."

The bulletin continues with a statement that the general death rate of a country is largely dependent upon its infant mortality, because the death rates of infants and young children are high and they affect a relatively numerous element of the population. Exact study of the incidence of disease upon infancy and childhood is most important, and it is imperatively necessary that there should be more effective registration of births throughout the United States for this purpose. The extremely important rate known as "infant mortality" is the ratio of deaths of infants under one year of age, not to population but to the number of children born alive during the year. This most important ratio should be readily available for the comparative study of deaths of infants in all of our states and cities, but the bulletin states, in the great majority of them, unfortunately, the registration of births is worthless, and ratios calculated upon the returns would be deceptive and unreliable.

'The possibility of great saving of human life during infancy and early childhood is emphasized by the estimates made by Professor Irving Fisher, on the basis of independent medical opinions, for his Report on National Vitality to the National Conservation Commission, as to the 'ratio of preventability (postponability),' that is, ratio of 'preventable' deaths from cause named to all deaths from cause named for certain diseases of early life.

"Out of every 100 deaths that occur from each disease in which the median age at death is under 5 years, there could be prevented the following numbers: Premature birth, 40; congenital debility, 40; venereal diseases, 70; diarrhea and enteritis, the most important cause of infant mortality, 60; measles, 40; acute bronchitis, 30; bronchopneumonia, 50; whooping cough, 40; croup' (which means diphtheria), 75; meningitis, 70; diseases of larynx other than laryngitis, 40; laryngitis, 40; diphtheria (under its proper apellation), 70; scarlet fever, 50.

"Other diseases especially fatal to infants and children would perhaps show equally great ratios of preventability; they do not appear in the above list because their median ages are above the limit chosen or because, as is the case with 'convulsions,' they are grouped with other and incongruous causes.

"The possible saving of life for 'general, ill-defined and unknown causes,' including 'heart failure,' 'dropsy,' and 'convulsion', median age 35 years, is 30 per cent. The median age of 'convulsions' alone is less than one year, and it is probable that at least the ratio of preventability of diarrhea and enteritis (60 per cent) would apply to it. The term is an indefinite one, being expressive merely of the symptoms attending the true cause of death; nevertheless no fewer than 6,450 deaths were compiled therefrom for 1908, although, in compilation, any other definite causes preferred. The term is no longer employed by well informed physicians in reporting causes

of death, as it is possible, by inquiry made by the local registrar immediatly after he receipt of this and other unsatisfactory statements, to practically eliminate them from the returns, as has lately been done for Chicago.

"In the light of the figures quoted above it would seem that practical sanitation has only made a beginnng in the work of preventing the occurrence of infant and child mortality. The ground has only been scratched over. Deep stirring of the soil and thorough cultivation of all the means available, with our present scientific and medical knowledge, for the guarding of young human lives would produce startling, and from all past human experience almost unbelievable, results. Public health, as a function of government, is itself only a creation of the middle part of the last century, dating from the utilization of the knowledge available as a result of the operaton of the English laws for the registration of vital statistics (1837). Even in England, however, no systematic efforts have been made until very recent years to utilize to their utmost possibilities the facts already known. The infant mortality of England was high for the years 1896 to 1900 than for the years 1861 to 1865, and no marked reduction in the early rates occurs until the present decade.

"It is time that greater attention be given to the subject in the United States. The prompt registration of all births and the more careful and precise statement of causes of death by physicians are essential. Such terms as 'convulsions,' 'marasmus,' 'debility,' and the like should no longer be tolerated when the true cause of death can be determined."

There is a very general opinion among the Charleston, S.C., phyiscians that pellagra has existed in that city for probably twenty years or more, but incorrectly diagnosed as "eczema," "dysentery," "intestinal tuberculosis," etc., with dementia as a complication, or the reverse.

On the basis of 150,000 deaths yearly from tuberculosis, in the United States, the National Association for the Study and Prevention of Tuberculosis computes that there are 684,934 persons constantly sick with this disease. Allowing only $500 as the average earnings of the workingman who dies, the annual loss to the country from the ranks of labor alone is over $114,000,000 each year.

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

GENITO-URINARY.

T. A. HOPKINS, M. D.

Tuberculin for the Diagnosis and Therapy of Renal Tuberculosis.—Wilhelm Karo, of Berlin, Germany, says (Medical Record, October 2, 1909) that the use of tuberculin is of the greatest value in the treatment of renal tuberculosis, and in its diagnosis. No case should be operated on until this treatment has proved a failure. The most important thing is early diagnosis. Even after operation the tuberculin treatment is of utmost importance to insure perfect recovery. The bladder symptoms heal much more quickly than when tuberculin is not applied. In advanced cases of this disease the examination of the urine will complete the diagnosis, pus and tubercle bacilli being found in the urine. In the early stages these are not found. The ophthalmo reaction is valueless in such cases. Only the old subcutaneous test gives valuable results. It gives us a local reaction in the form of pain over the diseased kidney, as well as a general reaction. The author gives interesting illustrative cases.

Intravesical Operations with the Aid of the Cystoscope.— In a contribution to Northwest Medicine for September, 1909, Dr. Henry Meyer says that the cystoscope of today is not an experiment, but a practical instrument with which it is possible to perfrom the following operations in the closed bladder, in favorable cases, and at the same time to accurately view what we are doing: 1. To crush vesical calculi. 2. To remove benign tumors, such as many of the papillomata, polypi and cysts with the hot or cold snare, and the thorough destruction of the base of the tumor and its surrounding mucous membrane with the electric cautery. 3. To remove foreign bodies from the bladder. 4. To destroy ulcerations by electric cauterization or by curettement. 5. To make applications of solutions in any strength desired, to localized areas in the bladder. This work can all be done under the eye of the operator, without the use of any anesthetic in most cases; with the local use of cocain, eucaine, or alypin in some cases, and only in rare instances under general anesthesia. The instruments used for performing intra-vesical operations were first devised by Nitze, but instruments have been made after the ideas of Casper, Brenner, Baer, Bransford Lewis and others. The

author's experience has mostly been with the Nitze and to a small degree with with the Brenner operating cystoscopes and he finds they leave very little to be wished for. To perform any of the operations enumerated the operator must be skillful in the use of the cystoscope, he must have good eyes and steady hands; he must know how to manipulate his operating instruments with absolute accuracy. The author describes his own technic for the various operations, reviews the experiences of Casper and others in the same line of work, and offers some excellent advice to those wishing to learn this method of procedure. In closing he says he does not wish to convey the idea that these methods of operating are applicable in every case where pathologic conditions exist in the bladder; on the contrary, the work has its limitations and the possibility of successfully carrying out any intravesical operation can only be judged by those who are able to do that work. Five cuts illustrate the paper.

SURGERY.

C. W. HEPBURN, M. D.

Resection of the Sciatic Nerve.—In Surgery, Gynecology and Obstetrics for July, 1909, Dr. Kenneth A. J. Mackenzie gives an account of an operation by which he removed a section of the sciatic nerve and then by two subsequent operations bridged the chasm with flaps taken from the internal and extrenal popliteal nerves, thus insuring the patient a well-nourished and useful leg. The segment of the sciatic excised was 10¾ inehes in length and about 3 inches in diameter at its largest part, which invested a sarcomatous tumor The incision for the second operation was 2 feet 6 inches long and the flap taken from the internal popliteal was 16¾ inches in length and about one-half the diameter of the nerve. It was turned up and laid in the bed of the sciatic and its end planted in a niche made in the stump of that nerve. The third operation consisted in an attempt to split the external division of the sciatic nerve in order to utilize it in the same manner. The operations were performed on February 4, February 20, and April 7, 1908, respectively, and all the wounds healed by first intention. Hueter has pointed out that it is impossible for regeneraton to take place in a nerve over a gap of 1¾ inches or more. Victor Horsley places the limit, from the standpoint of his experience, at 1¼ inches. In this case, after the removal of the nerve, all sensory and motor transmission was eliminated throughout the sciatic area, and in addition all means of conveyance of stimuli by afferent nerves of whatsoever kind. Yet extensive regeneration took place by virtue of an operation in which a gap of 10¾ inches in the sciatic nerve was bridged by two delicate flaps 16¾ inches in length lifted from the two main branches of the sciatic nerve and that the process of regeneration is progressive is now beyond doubt. Dr. Mackenzie's conclusions are that the lessons to be learned from this case, while not manifold, are important. It tends to show that regeneration takes place from the peripheral as well as from the central end of a divided nerve. It demonstrates that in given cases peripheral flaps will suffice when central flaps are not available. Its most obvious lesson, however, rests in the fact which it discloses that by means of plastic operation regeneration on a large scale and recovery of sensation and motion on a corresponding scale can take place after injuries to and operations upon peripheral nerves from which segments have been removed of varying lengths, the limit established by this case being 10¾ inches. Twelve excellent cuts illustrate the paper.

A Statistical Review of One Hundred and Fifty Consecutive Laparotomies.—In New York Medical Journal for July 17, 1909, Dr. E. R. Secord gives a statistical table of 150 laparotomies performed by him, showing the conditions which demanded operation, the number of cases of each and of deaths and reviews the fatal cases and emphasizes some of the causes affecting the mortality of abdominal disease. In the 150 operations there were 11 deaths, or a percentage of 7.3. Of these 3 were due to appendicitis, 1 of which was directly due to secondary obstruction; 2 were due to shock; 1 to hemorrhage from gallbladder and intestine; 1 to strangulated femoral hernia; 1 to chronic intestinal obstruction from carcinoma; 1 to obstruction due to acute gastric dilatation, following an operation for ventrofixation; 2 to acute intestinal obstruction, or including the appendix case, the strangulated femoral hernia, and the gastric dilatation, 5 were due directly to obstruction. These figures show that the great cause of the mortality in abdomiinal work is appendicitis on the one hand, and obstruction of the bowels on the other. Regarding appendicitis, the statistics show 1, Operation in acute cases, without perforation or suppuration—no mortality; 2, operation in acute cases, even with abscess if localized, no mortality; 3, operation in

cases where perforation has occurred, and where unfortunately no protective layer of adhesions has formed—nearly 30 per cent mortality. Therefore to prevent deaths from appendicitis, operation must be done before perforation occurs, and since no man can tell, with any reasonable degree of certainty, whether perforation is going to occur or not, or if so how soon, remove the appendix immediately. Once the diagnosis is made, there is no room for hot water bags, poultices, antiphlogistin, nor for castor oil, or enemata. Regarding the obstructive class, there are two great divisions, the strangulated herniae, and the obstructions due to other causes. The only way to prevent the occurrence of strangulated hernia is to have the operation of radical cure done in every case not entirely and thoroughly relieved by a properly fitting truss, and when strangulation has occurred, operation should be done at once. In other cases of obstruction, the great majority of which owe their cause directly to peritoneal adhesions, operation is the only salvation, and its probability of effectiveness is in direct proportion to the earliness of its performance.

Aspirin can replace morphine for many of the post-operative pains, particularly at night.—Amer. Jour. of Surg.

Science to the Aid of Cupid.—Life is certainly being made easy in some directions. Not only is it possible to take one's food in the form of capsules, but the time appears to be approaching when all medicines will be disguised as sweets. The latest is that a genius has appeared who has invented a way of secreting in delicious chocolate creams armies of those wonderful lactic microbes which, Metchnikoff says, are death to the bad microbes in the human body. In appearance and taste these chocolates are just like ordinary chocolates of good quality. It now appears that the swain who sends bonbons to the girl whose heart he wants to touch is acting strictly in accordance with scientific principles, though he may not know it. Sugar makes people affectionate. Professor Adamkiewitz, of Vienna, says so. At the eighty-first German Natural Science and Medical Congress, held a short time ago at Salzburg, the professor declared that the beating of the heart depended upon the amount of sugar in the food, and not at all, as commonly supposed, upon anatomical arrangements. The more sugar the more beats, and consequently the more love.

SOCIETY PROCEEDINGS

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Thirty-Fifth Annual Meeting held at St. Louis, October 12-14, 1909.

(Continued from page 480.)

Elements of Success in Surgical Work.—Dr. A. H. Cordier of Kansas City, Mo., in a paper on this subject drew the following deductions: (1) The field of surgery was a vast one and was best covered by the specialist in some of its departments, the eye and the ear especially. (2) Surgery and medicine should go hand in hand in the treatment of borderline cases, but should be divorced in the strictly surgical or medical cases. (3) The selection of a surgeon for a given case should be from no other standpoint than that of his recognized ability. (4) A surgical operation should be performed as quickly as possible, consistent with good and completed technique. (5) All unnecessary and rough handling of important tissues and organs should be avoided. (6) Careful short anesthesias would help to keep the death rate low. (7) Careful hemostasis with proper ligature material was an important element in successful surgery. (8) Thorough aseptic techinque should be carried out and might be obtained either with or without rubber gloves and mask. (9) Lawn tennis suits and gloves were only too often the avenues leading to wound infection. (10) Short post-graduate courses instilled false surgical confidence and led to many surgical disasters. (11) Honesty and sincerity should ever be the keynote in deciding as to the advisability of performing any surgical operation. (12) Mental tranquillity of the patient was of much importance preceding the performance of some surgical operations.

Dr. J. Henry Carstens of Detroit said no one had a right to practice surgery, and especially abdominal surgery, unless he had been an assistant for at least one year with some first-class surgeon in a hospital where he had seen hundreds and hundreds of operations and had witnessed the troubles, trials, and complications that were met with. Educated people knew and found out who were the good surgeons. The general practitioner ought to know who was a good surgeon and ought not to trust everybody to perform operations which were attended with great danger to life.

Dr. M. C. McGannon of Nashville stated he was not willing to admit that the surgical work of the pioneer was as good as that which was being done to-day. The enthusiasm

of youth led many a recent graduate to rush into the field of large surgery where he had better keep out until better trained. But how were we to stop that. It was the duty of this and other societies to adopt such measures as would prevent enthusiastic young men from rushing into a field of work that they could not fill. Many of us had an opportunity of seeing disasters following the surgical work of inexperienced men.

Dr. Channing W. Barrett of Chicago said surgery had come to occupy a large place in the world and it was our business, as members of the medical profession, to see that our surgical work was made just as successful as possible. The time had gone by when a man could plunge into surgical work and kill patients in order to learn how to do surgery. The opportunities for learning surgery now were too great and too cheap to permit of inexperienced men operating, and surgeons were only too willing to train those who wish to become surgeons.

Conditions Simulating Surgical Diseases.—Dr. M.C. McGannon of Nashville related some recent experiences and said that it was not often that a surgeon was called upon to reverse a diagnosis of chronic peritonitis in favor of spinal neurosis of traumatic origin and yet such was his experience with a case brought to his attention a few months ago. He cited cases of appendicitis that had been on many occasions confounded with pleurisy and pneumonia. Many authors had called attention to the fact that pain associated with pneumonia and pleurisy, especially in children might, if referred to the abdomen and, if right-sided, occasion a diagnosis of appendicitis. It had been his fortune to have had two such cases referred to him for operation, and in which appendicitis was so closely simulated as to deceive some good practitioners.

Dr. Edwin Walker of Evansville stated he was reminded of a case where a man had locomotor ataxia and the proposition was made to operate on him for gallstones. The patient afterwards fell into the hands of a surgeon who operated for gallstones, but no gallstones were found. This man subsequently died of acute pneumonia and from extension of the ataxia.

Dr. J. Henry Carstens of Detroit said that two years ago a woman was brought to him with large fibroid tumors. She had been vomiting for three weeks, off and on, and could not sleep. He ran his finger over the clavicles and over the tibiae, found they were painful, gave her one-quarter of a grain of bichloride of mercury hypodermically every day, and in four or five days she was able to sleep well, and vomiting ceased, and the fibroids had nothing to do with those symptoms. He saw a man who was supposed to have had gallstones. He looked at his tongue, saw a blue line along the edge of it, and said to him, "You are a painter, are you not?" and he replied, "Yes, sir." He told him he was not suffering from gallstones, but from lead poisoning.

Dr. J. Rilus Eastman of Indianapolis said the general practitioner and internal medicine man ought to be educated along these lines. He went with two competent physicians in the summer in the country to examine a little girl whose case was diagnosed as appendicitis A mass had been described as present in the right groin. The little girl was eleven years of age, and these physicians considered it a clear case of appendicitis. While he sat at the bedside she took her handkerchief, expectorated profusely, and it proved to be tuberculosis.

Dr. Richard A. Barr of Nashville was called to the country a year ago to operate for appendicitis, the operation having been delayed for a numbar of days. The patient had been sick for ten days. On examination he decided that this patient did not have appendicitis, but typhoid fever, and was able to persuade the attending physician that he was correct, and no operation was done. He took some of the patient's blood with him, had it examined, had a Widal reaction made which proved to be negative.

Dr. William B. Burns of Memphis stated he had seen two or three cases presenting symptoms of appendicitis which were as positive as we usually see them, but examination of the blood showed the presence of malarial parasites, and hypodermic injections of quinine in four hours removed all the symptoms.

(To be continued.)

College for Emmanuel Movement—Dr. Elwood Worcester, the founder of the Emmanuel movement, states that there is a movement afoot to found a college and that $1,000,000 is desired for this purpose. The purpose is to provide a place where students of medicine, theology, and sociology may work together, and thus build up what Dr. Worchester thinks the movement proves the need for—specially trained men competent to practise. A periodical intended solely to discuss and present the movement is to be established, with headquarters in Chicago. It will be called The Emmanuel Movement Bulletin.

TO THE FRONT
SAINT LOUIS

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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MEDICAL MISCELLANY

Ungallant Medical Students.—A cable despatch to the Sun states that the annual examination list of the medical students in Paris hospitals is headed for the first time on record by a woman, Mlle. Romme. Her male competitors greeted the result of the examination with cries of "Conspuez le jury!" The disturbance lasted for a quarter of an hour.

International Medical Association of Mexico.—The next meeting of the International Medical Association of Mexico will be held Agusacalientes, Ags., from the 25th to 27th of January inclusive, and the profession of the United States is cordially invited to attend. Papers are solicited for the section of "Rehashes." Please send titles of papers on or before December 30th, 1909, so that they may appear in the official programme. W. R. Jamieson, Torreon, Mexico.

The space of time required for an expert roentgenologist to solve all mooted questions pertaining to the nature of a fracture, the ease and certainty with which it is done, furnish ample excuse for the almost total indifference to former or older methods of diagnosis.—Dr. William Fuller.

The new Chicago ordinance, which limits so one hour the time an automobile or other vehicle may stand continuously in the downtown streets was put into effect November 2. Vigorous protests at once came from downtown physicians, who regard their motor cars are almost indispensable in their work.

That poverty is a friend to consumption is demonstrated by some recent German statistics, which show that 10,000 well-to-do persons, 40 annually die of consumption; of the same number only moderately well-to-do, 66; of the same number really poor, 77; and of paupers, 97. According to John Burns, the famous English labor leader, 90 per cent of the consumptives in London receive charitable relief in their homes.

A Department of Public Health.—It is stated by the Washington correspondent of the New York Times that a report on a plan for Federal Department of Public Health has been submitted to President Taft by Dr. Walter Wyman, Surgeon-General of the Public Health and Marine-Hospital Service, at Mr. Taft's own request. Such a department or bureau was recommended in the platform of both the Republican and Democratic parties, but in spite of that, it is not thought likely that any action will be taken at the present session of Congress.

New York Physicians Honored by the German Emperor.—Unusual honors were conferred on several members of the Staff of the German Hospital, of New York, by the German Emperor, on November 13th, as a recognition of the institution's fortieth anniversay. Dr. Otto Kiliani, president of the medical board, was decorated with the Order of the Royal Prussian Crown; Dr. Rudolf Denlig and Dr. Louis Peiser, members of the board, each received the Order of the Red Eagle; and Mr. Louis Kortum, superintendent of the hospital, was presented with a scarf pin in the form of an eagle, consisting of a large emerald surrounded by diamonds and pearls. Dr. August Zinsser, president of the hospital, had conferred upon him the honorary degree of Doctor of Medicine from the University of Giessen. The congratulations of the Austrian Government were conveyed to the institution by the Austrian ambassador.